# MULTIPLE DEPENDENT CLAIM
## FEE CALCULATION SHEET

**SERIAL NO.** 10784025

**APPLICANT(S)**

**FILING DATE**

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|---|---|---|---|---|---|---|
| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL CLAIMS | 14 | | | | | |

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| TOTAL CLAIMS | | | | | | |

PTO-1360 (Replication only) (3/03)